

Example of LTR-508, Tax Location Verification



Illinois Department of Revenue

LTR-508 Tax Location Verification

Date: January 1, 2005

ANY LOCAL GOVERNMENT

ANY STREET

ANY CITY IL #####

Dear Government Official:

We have included a list of new, reinstated, and/or discontinued businesses that have indicated that their local sales tax revenues are allocable to your taxing jurisdiction.

Review this list and verify that the addresses are located within your taxing jurisdiction. Your verification ensures that your taxing jurisdiction receives proper allocation of sales tax revenue.

Regardless if you make any corrections, you must return this letter and list to us within 20 days from the date of this letter.

If we may assist you or you have any questions, call our Springfield office weekdays between 8:30 a.m. and 5:00 p.m. at the telephone number below. If you prefer, you can write to us at the address below or e-mail us at centreg@revenue.state.il.us.

CENTRAL REGISTRATION DIVISION
ILLINOIS DEPARTMENT OF REVENUE
PO BOX 19030
SPRINGFIELD IL 62794-9030

217 785-3707

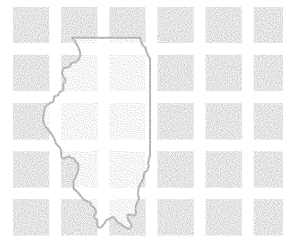
Enclosures

This form is authorized by 55 ILCS 5/5-1005 and 20 ILCS 2505/2505-1, et seq. Disclosure of this information is REQUIRED. Failure to provide information could result in this form not being processed and a misallocation of revenue. This form has been approved by the Forms Management Center. IL-492-4107

LTR-508 (N-2/01)

PTAX-1002-12 (R-2/05)

Page 13



Sample of LTR-508, Tax Location Verification

LTR-508

Page **2**

Taxing jurisdiction: **Any city**

Location code: **###-####-#**

January 1, 2005

Please verify the following information and provide any missing information. Make any necessary corrections by crossing through the incorrect information and inserting the correct information. We have also provided space for any comments you may have that may assist us in determining the correct taxing jurisdiction.

Please provide a contact's name and phone number if we should need additional information.

Name: _____ **Telephone:** (____) _____ - _____

New or Reinstated Business:

Note: This includes any business that has notified us of changes to their registration information.

Name: Business A

IBT no.: ####-####

Doing Business As (DBA) name (if applicable):

Address: Any street

Site seq. no.: ###

Is this location within your corporate limits? ____yes ____no (Check one.)

Is this location within the unincorporated part of the county? ____yes ____no (Check one.)

If "no," if possible, provide the city or county where this address is located: _____

Comments: _____

Discontinued Business:

Name: Business B

IBT no.: ####-####

Doing Business As (DBA) name (if applicable):

Address: Any street

City: Any city

Township: Any township

Comments: _____